## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	
101 61	
10/074	(()/9
APPLICANT(S)	

FILING DATE

## **CLAIMS**

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PTO - 1360 (REV. 11/04)							

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TOTAL IND.	_ 7	1	1	+		<b>4</b>
TOTAL DEP.		<b>+</b>		<b>4</b>		<b>←</b>
TOTAL CLAIMS						
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